PLAN CHECK VALIDATION OR MODEL ACO 7 5 8 2 72 AUG 10 2 3 A

INSPECTOR COPY

	R BUILDING PERMIT
COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER	ASSESSOR MAP BOOK PAGE PARCEL
BUILDING AND SAFETY DIVISION	BUILDING
MAKE CHECKS PAYABLE TO: HARVEY T. BRANDT, COUNTY ENGINEER	ADDRESS 22403 D. DRUMDIUTLE
FOR APPLICANT TO FILL IN	NEAREST 2
(Print or type only)	CROSS ST. /2ELSO/V DISTRICT NO. GROUP TYPE PROGESSED BY
ADDRESS 22903 Broadwell	12 PATIO CONST. V
LOT NO. 42 BLOCK	STATISTICAL CLASSIFICATION SEWER MAP
TRACT 18087	CLASS NO. DWELL, UNITS BK PG
NO, OF BLDGS, NOW ON LOT	NO. 42 3) SPECIAL
USE OF EXISTING BLDG AND LA AUSTINA	CONDITIONS
OWNER Sauch Parton No.	
20210 ()	BLDG, SETBACK FROM BROADWALL (STREET
CITY ( A TE	TYPE OF EXISTING SETBACK HIGHWAY + YARD = TOTAL
ARCHITECT OR TEL.	Lec 50 + 20 = 20
ENGINEER SMAULED NO.	BLDG.SETBACK FROM
ADDRESS TEL 26 ( a dia	SIDE PROP. LINE OF(STREET  TYPE OF EXISTING SETBACK HIGHWAY + YARD = TOTAL
CONTRACTOR CLEAFED NO. 20/0/3	TYPE OF EXISTING SETBACK HIGHWAY + YARD = TOTAL HIGHWAY WIDTH FROM C.L.
ADDRESS SOIZ WILLIAM NO.	+ =
CITY Jardena CLASS C. 6/	CORNER CUTOFF YES NO
CONSTRUCTION LENDER MAME AND BRANCH	SEE REVERSE SIDE FOR SPECIAL APPROVALS
ADDRESS	- M RD 3128
SQ. FT. 300 NO. OF NO. OF SIZE STORIES FAMILIES	90002/38
USE OF STRUCTURE 20 X 15 Patia ADD	JUBURT TO FIGLD INFOP
ALTER L	\$ APPUL
SIGNATURE OF REPAIR	
APPLICANT for aboutly DEMOL [	
VALUATION \$ 600.00	APPROVALS DATE INSPECTOR'S SIGNATURE
P.C. PMT. FEE'S X O'U	FOUNDATION: LOCATION FORMS, MATERIALS
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION	FRAME: FIRE STOPS, BRACING, BOLTS
AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CON-	FURNACE: LOCATION, GAS VENT, DUCTS
STRUCTION, I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE	LATH, INT.
LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.	LATH, EXT.
SIGNATURE OF for Sonty/luflo	HOUSE NUMBER COR-
ADDRESS	EINAL CONTROL
	FINAL 45777 SOURD

5.00 B

E. Em 8.00 B

PERMIT VALIDATION

	SPE	CIALA	PPROVALS			
	REQUIRED		DATE	DATE	DATE	
	YES	NO:	SENT	RETURNED	APPROVED	
WATER CERTIFICATE				<del> </del>		
ROAD DEPT.		İ .				
HEALTH DEPT.						
FIRE DEPT.		3				
GRADING						
GEOLOGICAL			•			
PEDESTRIAN PROTECTION				*		
(FENCE) (CANOPY)			1.00			
SPECIAL INSPECTION ON	$\neg \neg \uparrow$					
(CONC.) (MASRY.) (WELDG.)						
LOT DRAINAGE						
PARKING						
		$\neg +$				

,					NO. REC'D
TO:	P: RETURNED				
NO	DATE	NO	DATE APPROVED		OVED
<i>.</i>					
	4				

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## APPLICATION FOR PLUMBING PERMIT

## COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN (PRINT OR TYPE)

NUMBER	FIXTURE OR ITEM		@	FEE		
	WATER CLOSET		1.75			
	BATH TUB		1.75			
	SHOWER		1.75			
	LAVATORY		1.75			
	SINK		1.75			
	DISHWASHER		1.75			
	CLOTHES WASHER	₹	1.75			
_	SWIMMING POOL	RECEPTOR	1.75			
	LAWN SPRINKLER	SYSTEM	1.75			
/	WATER HEATER		1.75	1	75	
	GAS SYSTEM	OUTLETS	1.75		,	
	OUTLETS OVER 5 PER SYSTEM		.30		. «	
1	Kepipu	,			75	
	, <del>, , , , , , , , , , , , , , , , , , </del>					
		-			-	
	-			-		
Plan che	Plan check fee See reverse.					
PLUMBING PERMIT ISSUING FEE \$ 3 00					00	
		TOTAL FEE		6	50	
Plan check applicant						
Name						
Address						
City Tel. No.						
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.						
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.						
OF PERMITTÉE LUILLE BUXTON						
	RMITTÉE MU	illy bux	JUN	<u>.                                    </u>		

ADDRESS 299	03 Bruckwell Auc		
LOCALITY TO	rrence		
NEAREST CROSS ST. 22			
OWNER Mr. +	Mrs DAVID L-PAXTON		
	03Brudd well Ave		
CITY TUYERCE TEL. NO. 326-7597			
CONTRACTOR			
ADDRESS	NNE		
CITY	TEL. NO.		
STÀTE LICENSE NO.	LIC CLASS		
DISTRICT NO.	GROUP ZONE PROCESSED BY		
INDUSTRIAL WASTE APPROVAL	- KI Jajon		
	INSPECTION RECORD		
	·		
APPROVALS	DATE INSPECTOR'S SIGNATURE		
UNDER SLAB WORK			
ROUGH PLUMBING			
GAS PIPING			
GAS VENT			
HOT WATER HEATER	S. C.		
PLUMBING FIXTURES			
GAS TEST			
UTILITY CO. NOTIFIED			
FINAL	5-21 20 7-1		
7	10-31-120/By		
PERMIT VALIDAT	TION CK. M.O. CASH		

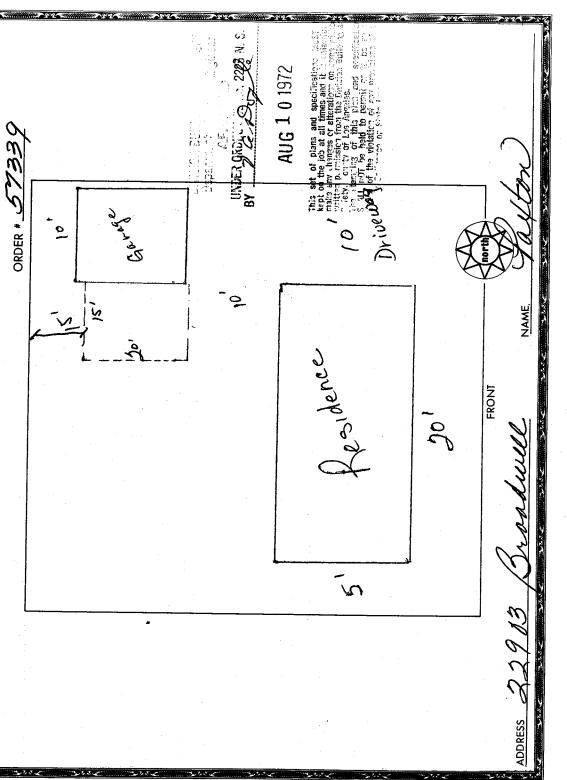
PLAN CHECK VALIDATION

. M.O. CASH

Co864272 UNN 17 5 A

6.50 gy

INSPECTION COPY



BLOCK\_ -TRACT. 101 LOT TYPE\_ اں اھ PLAN#

FORM 2, 7-71 (9s

ORIGINAL/DEPT. BUILDING & SAFETY